DECLARATION OF BONNIE MARAIA IN SUPPORT OF MOTION FOR DEFAULT JUDGMENT

Attached to the Carl Sanchez Declaration and marked

28

Exhibit 1 is a true and correct copy of the collective bargaining agreement executed by the defendant in this case. Defendant has not denied the execution of this contract, in fact defendant has paid contributions to the Trust Funds as required by the agreement.

- 3. Exhibit 1 at Addendum Number 1 to Standard Form of Union Agreement, pages 9-10, requires that the contributions, in order to be received in a timely fashion, be paid to the trust fund by the 20th day of the month in which the contribution is due and in the event contributions are not received in a timely manner liquidated damages will be assessed in an amount equal of ten percent (10%) of the delinquent payment. Exhibit 1 at Addendum Number 1 to Standard Form of Union Agreement, Item 5. Payments to Funds & Bonding, page 10, incorporates by reference the trust agreements.
- 4. Attached hereto as Exhibit 2 is the Sheet Metal Workers Pension Trust of Northern California Agreement and Declaration of Trust and Amendments and procedures which provide for liquidated damages at the rate of 20%, attorneys fees and court costs in the event of suit. These provisions comply with 29 U.S.C. §1132(g). Each of the other plaintiff trust funds' Agreements and Declarations of Trust contain identical language.
- 5. Every month my office sends to the defendant a preprinted form listing all known covered employees of the defendant, and the fringe benefit contribution rates for each of the funds. The defendant then completes the reporting form by making corrections, deleting employees who left the company, and adding the names of hired employees. The defendant then fills out the mathematical portion of the report and totals up all sums due

for that month. This is the so-called "self reporting method."

- Attached hereto marked Exhibit and of the contributions, liquidated damages, and interest owed by the defendant.
- All liquidated damages have been computed using the 7. 20% formula as called for in the Trust Agreement, the 1983 collection procedures as amended effective January 1, 1996 by Appendix D.
- Attached hereto as Exhibit 4 are true and correct 8. copies of the reporting forms voluntarily completed and submitted to plaintiffs' administrative office by the defendant for the months of October 2007 through January 2008 on Employer No. 318225 and for the months of October through December 2007 on Employer No. 326720. The amounts of these reports match the contribution column of Exhibit 3.
- 16 9. In addition, interest has been computed on the unpaid contributions at the rate of 15% from the due date of the 17 20th of the month following the month the work was done to the 18 19 payment date or to August 13, 2008 if the contributions remain 20 (For example contributions for October 2007 were due on 21 November 20, 2007. Between November 20, 2007 and August 13, 2008 22 is 266 days. Interest on the contribution amount of \$3,822.64 (for 23 Employer No. 318225) at the rate of 15% is a daily amount of \$1.57, 24 which multiplied by 266 days equals the figure of \$417.62.)
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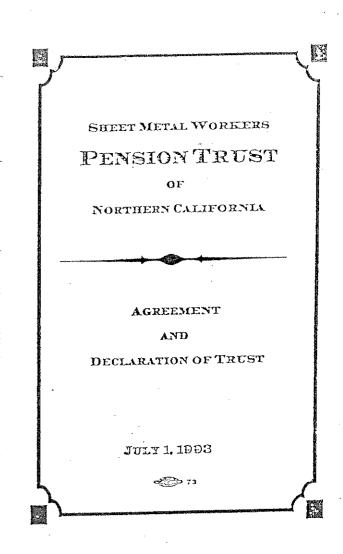
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1	////						
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5		10. The f	Following s	ummary of all	L sun	ns due and	owing can
6	be made:						
7		<u>Principal</u>					
8		Conti	ributions		\$25	5,991.54	
9		Liqui	idated dama	ges	\$ !	5,758.34	
10		Inter	rest		\$ 2	2,479.77	
11		Costs of	<u>Suit</u>		\$	500.00	
12		Attorneys	<u>Fees</u>	TO I	BE D	ETERMINED	BY COURT
13							
14							
15		I declare	under pena	lty of perjur	ry tł	nat the for	egoing is
16	true and	correct.					
17		Executed o	on July 2,	2008 at San 1	Ramo	n, Califor	nia.
18							
19				<u>/s/ Bon</u>	<u>nie</u>	Maraia	
20				BONNIE	MAR	AIA	
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	<u>D1</u>	ECLARATION OF E	BONNIE MARAIA IN	SUPPORT OF MOTION	N FOR	DEFAULT JUDGME	<u>NT</u>

Please see pages 7-10 for liquidated damages & interest provision.

Please see pages 12-13 for attorneys fees and court costs provision.



#### SHEET METAL WORKERS PENSION TRUST OF NORTHERN CALIFORNIA

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#### SHEET METAL WORKERS PENSION TRUST OF NORTHERN CALSORNIA

#### LINTRODUCTION

A Name. The official name differ Trust created hereby, which is generally referred to hereafter as the Trust, is: SHEST METAL WERKERS PENSION TRUST OF NORTHERN CALFORNIA. It was originally established December 23, 1958.

B. Purpose it is the purpose of this Trust to use and invest the contributions received by it for the exclusive purpose of provining benefits to Participants and their Beneficiais and defraying reasonable expenses of admissration. This purpose shall be accomplished inaccordance with all applicable laws, including the Employee Retirement Income Security are of 1974, as amended ("ERISA").

The Trust shall be irrevocable withough it may be terminated as hereafter provided and no part of its corpus or income shall ever reverto or inure to the benefit of any contributing employer except for the return of erroneous contributions as provided hereafter.

C. Benefits. The type of benefits which may be provided, which are referred to hereafter as the "benefits," are pension benefits and other benefits incidental thereto.

The specific benefits from time to time provided, and the eligibility requirements therefore, are set form in one or more documents entitled: "SHEET METAL WORKERS PENSION PLAN OF NCATHERN CALIFORNIA" referred to hereafter as the "Plan". The Plan may include more than one set of benefits and eligibility rules to take account of different contribution rates or other pertinent factors. The Plan, as amended from time to time, is incorporated herein by reference and is a part of this Trust Agreement.

D. Effective Date. The Trust Agreement, which is restated in its entirety, is effective July 1, 1993.

E Standards of Intercretation. This Trust Agreement and any Plan established thereunder are designed and intended to comply with ERISA as amended, and such construction shall be adopted as is consistent with the laws of the United States as they may, from time to time, be amended. The Trustees are vested with the power to interpret this Trust Agreement and any Plan established thereunder, and their interpretation, if not in conflict with the plain meaning of this Trust Agreement and any Plan established thereunder, and any applicable law or government regulation, shall be final and conclusive.

The Board of Trustees and any entity or person approved by the Board, shall have the full discretionary authority to determine eligibility for benefits and to construe the terms of the Trust and

any health care or vacation plan, and any regulations, policies or rules issued thereunder. It the Trustees determine or are advised that regulations, rulings, or court action may determine issues or disputes, the Trustees may defer action for a reasonable period of time in making a determination hereunder or until such time as they can determine what is proper determination of that issue.

#### IL DEFINITIONS

Where the following words and phrases appear in this Trust Agreement, they shall have the meaning set forth in this article, unless the context clearly indicates otherwise. Crner words and phrases with special meanings are defined where they first appear unless their meaning is apparent from the context.

A "Association" means each of the following: SHEET METAL AND AIR CONDITIONING CONTRACTORS NATIONAL ASSOCIATION, SAN FRANCISCO: SHEET METAL AND AIR CONDITIONING CONTRACTORS NATIONAL ASSOCIATION, GREATER OAKLAND AREA: SHEET METAL AND AIR CONDITIONING CONTRACTORS NATIONAL ASSOCIATION REDWOOD EMPIRE CHAPTER; SHEET METAL AND AIR CONDITIONING CONTRACTORS NATIONALASSOCIATION, SAN MATEO CHAPTER; SHEET METAL AND AIR CONTITIONING CONTRACTORS NATIONAL ASSOCIATION,

SACRAMENTO VALLEY CHAPTER; SHEET METAL AND AIR CONDITIONING CONTRACTORS NATIONAL ASSOCIATION, NORTHEEN SAN JOACUIN VALLEY CHAPTER; SANTA CLARA DISTRICT OF SMACNA and any successor to each of these entities. As a group, they are known as the 'signatory associations'.

- B. \*Contribution Agreement\* means any collective bargaining agreement, subscription agreement or other written agreement entered into by the Union with any Employer or Employer Association, approved by the Joint Board which requires contributions into this Pension Trust, including any amendment, modification, or extension of such agreement.
- C. "Corporate Co-Trustee" means any bank of trust company appointed by the Joint Board as provided below.
- D. "Emoloyer" means any business entity which is required by a collective bargaining agreement between the Union and an Association to make payments into this Trust. It also includes any of the following which agree to make contributions equivalent to those required of other Employers hereunder:
- (1) The Union or any labor council or other labor organization with which it is affiliated if it elects to provide benefits hereunder for all of its regularly scheduled employees, provided however, that such

employees may be excluded with an emembers of a recognized sollective bargaining unit and with whom pension coverage has been the subject of good faith bargaining with their collective bargaining representative.

- (2) A qualified exempt Trust approved by the Trustees which provides for payment to this Trust when an employee is unemployed or underemployed and otherwise would lose his eligibility for benefits.
- (3) Any other business entity which contributes to the Trust pursuant to a written agreement with the Union and with the approval at the Joint Board.
- (4) Any governmental unit wasse participation on behalf of its sheet metal workers is approved by the Joint Board.
- (5) Any other business entity whose participation is required by a final judgment of any court of competent jurisdiction.
- (6) This Pension Plan, the Sheet Metal Workers of Northern California Pension Plan or any Association which contributes to the Trust pursuant to a subscription agreement in such form as the Joint Board from time to time may require.

The Joint Board may condition its approval in such manner as it deems necessary to assure the financial integrity of the Trust and equity among

Employers and Participants; but failure of the Joint Board to grant such approval or agree on such conditions shall not be subject to arbitration. The Joint Board may also require any Employer to sign a subscription agreement acceptable to it before crediting the Employer's contributions or benefits attributable thereto.

E "Joint Board of Trustees" means the group of individuals appointed to administer the Trust as provided below. As a group they are referred to as the 'Joint Board'. The individual members, including any alternates when acting in place of regular members, are referred to as "Trustees".

F. 'Participant' means any person on whose behalf contributions have been properly payable to the Trust and who either (1) is currently eligible for benefits or (2) has contributions and/or employment credited to his account by the Trust to be used in determining his or his Beneficiaries' eligibility for benefits; also any other person who may qualify as such under ERISA. \*Beneficiary\* means any person designated in accordance with the Plan who is or may become entitled to benefits thereunder,

G. 'Plan Year' means the fiscal year on which the records of the Plan and Trust are kept.

H. 'Union' means Sheet Metal Workers International Association Local Union Nos. 104, 162 and 371 and any successors thereto. It shall also include any other labor organization affiliated with the Sheet Metal Workers International Association whose participation as a "Union" hereunder is approved by the Joint Board.

#### III. OBLIGATIONS OF EMPLOYERS

A Payment of Contributions. All Employer contributions required by a Contribution Agreement shall be payable on the Due Date specified in paragraph B below, and shall be payable at such place in the county where the Trust's principal place of business is located as the Joint Board may from time to time specify; payment elsewhere shall be permitted only with the Joint Board's prior written approval.

Payments shall be accompanied by complete reports on forms furnished or approved by the Trust so that the contributions can be allocated accurately. The Employer may be compelled by the Trust or its assignee, by way of subpoena, civil discovery or other legal proceeding, to prepare, submit and file with the Trust proper reports for any period for which the Employer has previously failed to file.

For any report period for which an Employer fails to file a report, until the proper region, a filed by the Employer and accepted by the Trust, the amount due from the Employer for the report period for which the Employer has failed to file, shall be deemed to be not less than the amount due pursuant to the most recent complete report filed

-7-

by the Employer covering an equivalent period of time.

B. <u>Due Date</u>. The Due Date for an Employer's contributions for a month shall be the Due Date specified in the underlying collective bargaining agreement, if the underlying collective bargaining agreement does not specify a Due Date, payments must be received by the 20th day of the month immediately following the month for which the contribution is made.

C. Delinquent Contributions. Any Employer shall be considered to be definquent if it (1) fails to submit a contribution report form with the full contribution by the close of business on the Due Date, or (2) fails to submit contributions on behalf of all employees for whom contributions are required under its Contribution Agreement, or (3) fails to properly compute the contributions according to the applicable contribution formula. It is recognized and acknowledged that the regular and timely payment of Employer contributions is essential to the efficient and fair administration of the Trust and the maintenance of Plan benefits. If Employers do not make timely payments, the Trust loses the investment return it should have received, and incurs additional administrative expense in the form of letters, telephone calls, and other collection expenses. The Trust is also delayed or prevented from processing claims by employees for benefits under the Plan. The Trust's collection expenses, loss of return on investment, and inability to pay

benefits constitute damages arising from an Employer's default in making timely payments, and these damages cannot be allowed to deplete the contributions promptly paid by other Employers.

It would be extremely difficult and impractical to fix the actual expense and damage to the Trust resulting from any Employer's default, over and above attorney's lees for each Employer's default. Therefore, the amount of damages to the Trust resulting from any Employer's default, over and above attorney's fees, shall be presumed to be the sum of \$20.00 per delinquency or ten per cent (10%) of the amount which is delinquent, whichever is greater. Such amount shall become due and payable to the Trust as liquidated damages, and not as a penalty, at the end of the month in which the delinquency occurs (unless the contribution has been received by then), but may be waived by the Joint Board pursuant to rules and regulations adopted by it. Furthermore, both the contribution and the liquidated damages attributable thereto shall bear interest at a rate to be determined from time to time by resolution of the Board and published to Contributing Employers beginning with the first day of the month following the Due Date.

The Joint Board may adopt special rules applicable in cases of multiple delinquencies by an Employer, including (without limitation) rules requiring one or more of the following:

- (a) Advancing the due date to the 10th day of the menth;
- (b) Posting of a bond or other security against further delinquencies;
- (c) Providing for liquidated damages and interest up to the highest rate permitted under Section 515 of ERISA instead of any lower rate which would otherwise be applicable hereunder.
- D. Recordkeeping and Audits and/or Employer Compliance Teets. Each Employer shall maintain such time records, checks, check stubs, quarterly or other pertinent government returns, or such other records relating to employment for which contributions are payable hereunder, sufficient (1) to determine whether it has satisfied all obligations to the Trust and (2) to permit the Trust to comply with all applicable laws. These records shall be maintained within California for a period of not less than seven years following the end of the calendar year in which the employment occurs. If an Employer fails to keep records adequate to determine its obligations, there shall be a rebuttable presumption, at the option of the Trust, that all sums paid to Participants by such Employer were wages for work for which contributions were payable to this Trust

The Joint Board, or its authorized representatives, may require any Employer to submit to it any information relevant to the administration of the

Trust, and each Employer specifically waives any privilege it may have with respect to such information. Upon notice in writing, an Employer must permit an authorized Trust representative to enter upon the premises of such Employer at a mutually agreeable time during regular business hours to examine and copy such records as may be necessary to determine whether the Employer is making full and prompt payment of all sums required to the Trust. Such examination may be undertaken pursuant to a routine payroll audit program and/or Employer compliance test program or on an individual basis.

The records to be made available to the Joint Board, or its representative, shall include, but not be limited to, time cards, payroil journals, payroil check registers, canceled payroil checks, copies of the Employer's federal, state and local payroll tax reports, and all other documents reflecting the hours and wages of employees (whether or not such documents are privileged).

In the event that an examination of the Employer's records reveals that full and prompt payment of all sums due is not being made, then such Employer shall reimburse the Trust, upon demand of the Joint Board, for the costs of said examination in addition to any other obligations it may have hereunder. The Joint Board shall have the authority, however, to waive all or part of such costs if the discrepancy is minor and not willful, or for other good cause shown.

E. Collection Actions. The Trust may institute legal proceedings to collect delinquent Employer contributions, contributions required by any applicable federal, state or other law or regulation, liquidated damages, interest, atterney's fees and other costs of collection, including collection agency fees. Such proceedings may be instituted in the name of the Trust or the Joint Board, or the claim may be assigned to a third person for collection. The county in which the particular Employer contribution is payable shall be a proper county in which to institute legal proceedings to collect all sums owing by an Employer.

The Employer shall reimburse the Trust, or its assignee, for all reasonable attorney's fees, audit and/or Employer compliance test fees, court costs, collection agency fees, and all other reasonable expenses of whatever nature incurred in connection with such suit or claim, including any and all appellate proceedings therein. It is recognized that the extent of legal services necessarily incurred in the collection of required Employer contributions may in certain cases have no relation to the fact that the amount of the delinquency is relatively small.

In the event an applicable collective bargaining agreement or Contribution Agreement contains provisions relating to collections that specify additional remedies, or obligate the delinquent Employer to greater amounts of liquidated damages, interest, attorney's fees or other items

than those set forth herein, the Joint Board, at its option, may pursue the additional remedies or impose the greater charges.

F. Return of Contributions. Employer contributions made to the Trust as a result of a mistake may not be returned to the Employer unless a refund request is submitted to the Trust within four years of the due date of the report form containing the erroneous contributions. If a contribution is made on behalf of a person for whom contributions are not required under the Employer's Contribution Agreement, the Trust may return the erroneous contribution, subject to the time limitation just set forth; provided, however, that the Trust shall have the option of retaining any contributions based upon which benefit eligibility has been provided. The Trust shall not be obligated to provide benefits dependent upon such erroneous contribution and may recover from the Employer any losses resulting from benefits paid as a result of the latter's error by assigning to the Employer any right of recovery against the recipient

Pursuant to ERISA Section 4CS(c)(2)(A)(ii). Employer contributions made to the Trust as a result of mistake of fact or law may not be returned to the Employer more than six months after the Plan determines that the contribution was made by such a mistake.

## AMENDMENT NUMBER THREE TO SHEET METAL WORKERS PENSION TRUST OF NORTHERN CALIFORNIA

In accordance with Article IX of the Trust Agreement, the undersigned Trustees hereby amend Article III-C of the Sheet Metal Workers Pension Trust of Northern California by deleting the last sentence of the first paragraph and adding the following as the third paragraph:

"The Joint Board may adopt special rules applicable in cases of multiple delinquencies by an Employer, including (without limitation) rules requiring one or more of the following:

Advancing the due date to the 10th day of the month;

Posting of a bond or other security against further delinguencies;

c. Providing for liquidated damages . and interest up to the highest rate permitted under Section 515 of ERISA instead of any lower rate which would otherwise be applicable hereunder."

This Amendment shall be effective on the first day of the month following its signature by all Trustees.

EMPLOYER TRUSTEES	UNION TROSITION
A. O. Shin	Date: 4-1782 Wm. 10: Maddor Date: 4/27/8
( ) / / / / / / / / / / / / / / / / / /	Date: 4/5/62 Trum J. Elleuberter Date: 4-77-8
11/2 4/	Date: 4/27/82/166. Mate: 4-27-8
Dugue [[1][[]]	pater 4/27/82 Working Hell Date: "
Du Moren	Date: 4/27/82 Kelert Keekl Date: 4-27-8.
Wing the House	Date: 4/1/86 Alfred 31 Janien Date: 4-17-5
en followers	Date: 4/27/82 Sand I forman Date: 4-27-82  Date: 4/27/82 Sand I formate: 4-27-82  Date: 127-82  Date: 127-82
Bud & Ben	Date: Date: Date:

#### AMENDMENT NUMBER THREE TO SHEET METAL WORKERS HEALTH CAPE TRUST OF NORTHERN CALIFORNIA

In accordance with Article IX of the Trust Agreement, the undersigned Trustees hereby amend Article III-C of the Sheet Metal Workers Health Care Trust of Northern California by deleting the last sentence of the first paragraph and adding the following as the third paragraph:

"The Joint Board may adopt special rules applicable in cases of multiple delinquencies by an Employer, including (without limitation) rules requiring one or more of the following:

- a. Advancing the due date to the loth day of the month;
- b. Posting of a bond or other security against further delinquencies;
- c. Providing for liquidated damages and interest up to the highest rate permitted under Section 515 of ERISA instead of any lower rate which would otherwise be applicable hereunder."

This Amendment shall be effective on the first day of the month following its signature by all Trustees.

EMPLOYER TRUSTEES	UNION TRUSTEES	
Cul Manager	Date: 4/27/82 Proj. ci White Date:	4-27-82
Taura Shula	per 4/27/27 Jomen Mitche Date:	427-82
Mas Noved	Date: 4/27/82 In and Elman Date:	4-27-82
/// / / / / - I	Date: 4/1/8/ Alfold Moniton Date:	4-27-92
The Last	pate: 457/67 When ticke Date:	4-27-82
Elis Mund	Date: 4-27-72 Wm. D. Molldox Date:	4/27/82
Fach Sthing:	Date:Date:Date:	4-21-82
The same of the sa	1 ' /	_* **

HARREN H. SALTIMAN HOCHHOL D ORANG SALTEMAN & JOHNSON
LAW CORPORATION

37 POST STREET, SUITE 804
SAN FRANCISCO, CA 94104

(413) 394-7960

February 15, 1983

Sheet Metal Workers Trust Funds c/o C. W. Sweeney & Co. 50 Francisco Street San Francisco, California 94133

Dear Trustees:

Enclosed are the new collection procedures approved by the Ways and Means Committee at its meeting on February

Very truly yours,

Warren H. Saltman

WES:sln Enc.

cc: All Trustaes

Edna Heath

Michael Carroll

# PRO SEET METAL TRUSTS

I. COLLECTION SCHEDULE. (Note: Months are numbered beginning with the month following the one in which hours are worked, e.g. month no. 1 is the month in which the contributions were actually payable.)

## Month No. 1

20 th

Contributions became delinquent

Last Business Day of Month

Demand letter is sent from Plan Office with cc: to Union and Association reminding them of the importance of advising the Plan Office of any available mechanics liens.

(Form 1)

2.21

### Month No. 2

10th

A follow-up letter from the Plan Office (cc: Collection Attorney) advising that the account will be referred to the Collection Attorney if not completely current by 20th of the month, including the new payment due on that date.

(Forms 2 and 2-LD (Liquidated Damages Only))

As soon as possible following receipt of letters postmarked by the 20th (or earlier if available information indicates a serious collection problem)

Account to be referred to Collection Attorney.

Last Business Day of Month

Collection Attorney will send demand letter unless previously advised by the Plan Office that the account (including 10% liquidated damages) is competely current. (Form 3)

## Month No. 3

By 20th of month

Collection Attorney to have instituted appropriate legal proceedings unless he concludes delay to be in the Trust's best interest or he has not yet received the necessary contract documentation. (See VI below.) If delayed, the reasons shall.

- 1. If any one month's delinquen is involved, liquidated damages are assessed if the contributions are not actually received. before the last business day of the month in which the contributions are due. If there is any other outstanding delinquency, they are assessed as of the delinquency date (the 20th).
- 2. Unless the account is completely current before the last business day of Month 2 (including 10% liquidated damages), liquidated damages become 20% rather than 10%.
- If there is only a one month delinquency and if the principal sum is paid prior to referral to the Collection Attorney, waiver shall be granted by the Plan Office upon a written request setting forth a reasonable excuse; such waivers will be reported to the next meeting of the Ways and Means Committee for its information. Requests shall be referred to the Ways and Means Committee only if the Plan Office believes there are special facts warranting consideration by the Committee or if a Trustee so requests and only if the waiver request is received before referral to the Collection Attorney . .

## III. INTEREST.

If legal proceedings are instituted, interest at 10% annually will be assessed from the delinguency date (the 20th of Month 11.

## IV. - AUDITS.

- The Collection Attorney shall have the authority to request an audit after the account is referred to him whenever he deems appropriate.
- Audits shall also be made upon request of Ways and Means Committee or upon written request of the Union and Management Trustees from area.
- Periodic or random audits shall be as from time to time established by the Ways and Means Committee.

## V. NOTICE TO EMPLOYEES.

Employees shall be notified of delinquencies and their consequences by the end of the month in which the matter is referred to counsel. (Form 4) The notice will be sent to the Unions who will in turn decide in each case whether to distribute by posting at the employer's place of business, by personal delivery to the employees, or by mailing to the employees, or some combination thereof. The Union will advise the Plan Office when and how notice was given.

#### CONTRACT DOCUMENTATION. VI.

ing with July 1. 1983 contracts, Edna Heath's

NOTICE OF DELINQUENT CONTRIBL ION .
AND REPORTING FORMS

•

Date

Jantlemen:

~ 157

the records of these trust funds indicate that you have not filled imployer's Reports of Contribution for hours worked during the months indicated below. If you have already paid this contribution or if no sours were worked please read and complete Section B of this form. If yours were worked during that period, carefully read Section A, which sets forth the penalties for delinquent payment.

ATTENDED TO THE TAIL			
	I - I we less local nov. less.	COMMENTS	1
24H.   FET.   HAR.   APR.   HAY   200	שו אשכ אד. פכד. אפע. מגכ		

he timely filing of monthly reports is essential in order that the trust ay provide the benefits due your employees. Reports are due not later han the 20th day of each month. Under the trust funds rules Liquidated arages of \$20.00 or 10%, whichever is greater, are now due on the elinquent contributions. Furthermore, if this matter is referred to legal oursel, Liquidated Damages will increase to 20%.

f this notice is correct, send the overdue reports directly to the bank epository with your check for the contributions and 10% Liquidated Damage:

#### ECTION B

f for any reason your account should not be considered delinquent, we sk that you report your status to this office so that we may clear your count. Please check one of the following boxes and return this notice o the trust fund.

We are no k	C seenisud ni reand	he last month of busin		
 -	-	. *·:	ALVO LEL	-
Pi this as	count on the inective	list. The lost month v	and bised employees we	

DRAFT (Different color)

-FINAL NOTICE OF DELINQUENT CONTRIBUTIONS

Entlament

This office has still not remived your trust fund contributions for cours worked during the month of

Payments must be received by the bank depository no later than the 20th day of the month following the month the hours were worked. This is to not only for the month listed above, but also for your contribution which will be due in just a few days, on the 20th of this month.

## PENALTIES FOR DELINQUENT PAYMENT

The trust agreements of the Health Care and Pension Funds provide for the assessment of liquidated damages as follows:

If you pay the delinquent contribution 10% Liquidated Damages before the trust finds refer the matter to their attermey:

If you pay the contributions after the trust finds refer the matter to their attomay:

20% Liquidated Damages; also 10% interest, court costs and attorney fees if legal proceedings are instituted

If you have not already done so, please suimit your contributions for the above month immediately, together with 103 liquidated damages. Your account will be turned over to the Trust Fund's attorney unless your account is completely current by the 20th day of this month. This means we must receive by then not only the contribution and liquidated damages for the delinquent month but also the contribution for last month's work which is due on the 20th of this month. If legal proceedings are necessary, interest, court costs and legal fees will also be demanded.

Very truly yours,

iness Address: Tracisco, Suita 100 Francisco, California Mailing Address: P.O. Box 7961 San Francisco, CA 94120

Final Notice of Delinguent Liquidated Damages

#### Gantlemen:

At the end of last month you were advised that liquidated damages had been assessed in connection with your contributions for the work month of Although you have now transmitted your report and contribution for that month, the liquidated damages have not been received. Therefore, please promptly send us your check in the amount of \$ which represents 103 of the delimnency, together with a copy of this letter.

Unless this amount is received by the 20th-of this month, the liquidated damage assessment increases to 20%, so that the amount owing will double. In addition, the Trust's collection attorney will be asked to promptly enforce the obligation; and if legal proceedings are necessary, interest, courts costs and legal fees will also be demanded.

When sending your check, please enclose a copy of this letter.

-Very truly yours,

Trust Fund Office

cc: Area Trustees

BAN OFFICE'S OF

### RSKINE & TULLEY

MOTERDARIO LIMONETTORRA MICE
TERRER MICE
COLLEGE COLLEGE
MARKE COLLEGE
MARKET COL

DRAFT

Employer No.

#### Genilaman:

We represent the Trustees of the Sheet Metal Workers of Northern California Trust Punds, and we are writing because the administrative office has not received your monthly employer reports and contribution payments to the Trusts for the months of

Under the terms of the Trusts, reports must be received promptly; and if they are not, the account is listed as delinquent. The Trust cannot determine what contributions are payable until reports containing the information are received.

Ender your contract with the Sheet Metal Workers Union and the terms of the Trust Agraement, employers whose contributions are delinquent must also pay liquidated damages. As you were previously advised, liquidated damages increase to 20% when an account is referred to this office. In addition, these agraements also require the employer to pay 10% interest, attorneys fees and court costs if legal action is necessary to collect the delinquency.

Please forward your reports for the above months TO THIS OFFICE within the next seven days. If contributions are due, please send your check payable to the Sheet Metal Workers of Northern California Trust Funds for contributions plus 20% liquidated damages TO THIS OFFICE within the time indicated.

Please give this matter your immediate attention so as to avoid the axtra expense and inconvenience to you of legal action.

If you believe our information is inaccurate, or that we are unaware of all the pertinent circumstances in this matter, please contact Ms. and are in our office at once. Thank you for your cooperation.

Yours very truly,

·Michael J. Carroll

Carl Street, Square, S

HEALTH CAP

LAN / PERSION TRUST FURI

ve: 415/591-4440

 Malling Address P.O. Box 7961 San Francisco, CA 9412

DRAFT NOTICE TO EMPLOYEES WHERE NO REPORT SUBMITTED

Notice to Employees of \_\_\_

This letter is to inform you that the above employer has not reported hours to the trust funds for the months of

If the delimency continues, you may have no further additions to your hour bank and your coverage will then continue only so long as there are enough hours remaining in your hour bank.

If you have any questions concerning this matter, please contact this office.

Yours very truly,

Trust Fund Office

Service of Property and Walker

#### व्यास्ट्राह्य प्र

BEERE AGETT ROSINGS ON MONITARIN COTLECKING SAMETON WASEL MAIN

These procedures apply to all fringe benefits billed inder the sheet Herel Workers of Morthern California Pension Trust Funding.

Combributions are due on the 10th of the month and are delinquent if posturked later than the 20th of the month. In order to determine when contributions were mailed the Trust Fund Carlon hast rely on postage concellation stamps and not postage mater charges.

Employer contribution reports bearing postage consellation stamps on or after the 21st of the north are considered delinquent and assessed liquidated Danages of 10% or \$20 per frings benefit whichever is greater for Feelth Care and Pension (for other benefits, 10% or \$25 per pension whichever is greater but not to exceed an aggregate of 10% or \$100.00 whichever is greater).

- Imployers who have not reported by the 20th of the month following the month in which contributions are due are referred to Collection Coursel. At that time Liquidated Damages are doubled. Interest is also charged at a rate denomined from time to time by resolution of the Board of Prustees. The employer is responsible for any court costs and actomage' fees if legal proceedings are instituted.
- Employers are notified twice before they are referred to Collection Counsel (once on the third of the zonth and equin on the 10th of the zonth following the honth in which contributions were due). This is done to enable the employer to pay his account and thereby avoid the increased charges.
- \* Once a matter is referred to collection counsel. Liquidated damages increase as of the date of referral. to 20% of the total amount of any billing still due and owing as of that date.
  - on the 10th of the month following the month in which contributions are due, but unpaid, in addition to referral to counsel, the Union will also be notified and will, in turn, notify the Employer by the 20th of the month that bargaining unit employees will be withdrawn in forty-sight hours from the date specified in the notice, unless payment is made. Employees shall also be withdrawn if an Employer signed to a payment plan is thirty (30) days late or when an Employer fails, within fourteen (14) days, to respond to an audit letter

# AGREEMENT AND DECLARATION OF TRUST AMENDMENT NUMBER THREE

## SHEET METAL WORKERS PENSION PLAN OF NORTHERN CALIFORNIA

The Agreement and Declaration of Trust for the Sheet Metal Workers Pension Plan of Northern California is amended as set forth on the following page:

Signed at: San Ramon, California on June 2, 1998.

BOARD OF TRUSTEES, SHEET METAL WORKERS PENSION TRUST OF NORTHERN CALIFORNIA.

Jack Manion  Jack Manion  Marko Hock  Jack Morro  Clarence Harris  Jack Marko  Clarence Harris  Jack Marko  Jack M	Explora TRUSTEES  William O'Grie  Joseph Marchael H.  Junes Armery  John Marchael H.  Junes Armery  Junes Armery
Liciane Olimi Amilil Rassi Toy lesous	

## AMENDMENT NUMBER THREE

To The

## AGREEMENT AND DECLARATION OF TRUST

## SHEET METAL WORKERS PENSION TRUST

#### Recitals

WHEREAS, the Board of Trustees of the Sheet Metal Workers Pension Plan of Northern California desires to amend the Trust Agreement, dated July 1, 1993, to clarify the rules on assessment of liquidated damages and the due date for contributions (i.e., received vs. postmarked);

THEREFORE, the Board amends the Trust Agreement as follows:

#### Amendment

Effective as of January 1, 1998, the Board of Trustees amends the Agreement and Declaration of Trust as follows:

1. Article III, Section B is amended as follows:

The Due Date for an Employer's contributions for a month shall be the Due Date specified in the underlying collective bargaining agreement; if the underlying collective bargaining agreement does not specify a Due Date, payments must be postmarked by the 20th day of the month immediately following the month for which the contribution is made.

2. The third sentence of the second paragraph of Article III, Section C is restated as follows:

Such amount shall become due and payable to the Trust as liquidated damages, and not as a penalty, but may be waived by the Joint Board pursuant to rules and regulations adopted by it.

EMPLOYER NAME: C R SCHELLENGER H V A C INC.

EMPLOYER NUMBER: 906795/309

#### LIABILITY DETAIL SHEET

	CONTRIB.	CONTRIB.	DATE PD,	CONTRIBS	LIQUID.	15%	
MONTH	DUE	DUE DATE	IF PAID	STILL	DAMAGES	INTEREST	
				DUE	DUE		
EMPLOYER No.	318225						
10/07	\$3,822.64	11/20/07		\$3,822.64	\$764.53	\$417.62	
11/07	\$3,822.64	12/20/07		\$3,822.64	\$764.53	\$370.52	
12/07	\$2,691.76	1/20/08		\$2,691.76	\$538.36	\$227.55	
1/08	\$2,691.76	2/20/08		\$2,691.76	\$538.36	\$193.14	
EMPLOYER No.	326720						
10/07	\$6,935.23	11/20/07	\$2800.00 pd 6/5/08	\$4,135.23 \$1,387.05		\$452.20	
11/07	\$5,683.55	12/20/07		\$5,683.55	\$1,136.71	\$552.24	
12/07	\$3,143.96	1/20/08		\$3,143.96	\$628.80	\$266.50	
				\$25,991.54	\$5,758.34	\$2479.77	

## Page 1 of 9

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND EMPLOYER'S REPORT OF CONTRIBUTIONS FOR ADMINISTRATION USE ONLY REPORTING DATES **IPLOYER NAME & ADDRESS** 104 Postmark Date: Phone: 707/942-1166 0666 318225 For Work Performed During: 10/2007 me: C R SCHELLENGER HVAC Deposit Date: Rate Code: 315 -OWNER/MEMBER 11/10/2007 Check Number: Contribution Due: 1030 MAIN STREET #211 Delinquent if Received After: 11/20/2007 Check Amount: ST HELENA CA 94574 Entered By: ONTRACT LIGHT COMMERCIAL Agreement: 30 0666 NORTH BAY JOURNEYPERSON, FOREPERSON 2 OWNER MEMBER Job Class: 310 All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. Total Hours Worked includes straight hours worked, overtime hours, and double time hours. **SMACNA** 180.: 81 EMPLOYEE HOURS REPORTED ATE CODE 315 Ital Hours Worked Rate DOUBLE TOTAL 142 MINIMUM STRAIGHT HEALTH CARE HOURS OVERTIME TUME Health .00 HOURS EMPLOYEE NAME SOC. SEC. NUMBER HOURS WORKED HOURS WORKED HOURS SHC (Last Name, First Name, Middle Initial) .44 Nor Cal Pension 6.372 2 SCHELLENGER, ALEXANDER **National Pension** 198-42-9208 2.02 2.24 Dues Check Off Appr Train 1.00 SMOHIT .02 Industry Prom .65 Supp Pen 1 1,30 Supp Pen 2 .00 Vacation 4.20 (1) 18.24 Total )vertime Hours Rate Supp Pen 2 .000 Vacation 2.100 2.100 (2) **Double Time Hours Rate** Supp Pen 2 .00 4.20 Vacation (3) Total 4.20 Minimum Health Care Hours Rate Health 8.68 (4) Total 8.68 **EMPLOYER** CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the pariod for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements, The undersigned agrees to be bound by all of the terms of the to be bound by an of the states of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to and authorized the depositely pear to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer. TOTAL HOURS: MULTIPLY TOTAL 8.68 (4) 2.100 (2) 18.24 (1) 4.20 N/A HOURS BY RATE: Tille Date Certifying Signature - 4. 32 Check here if No Hours to report for Rate Code 315. AMOUNT DUE: Please relain a copy of the form(s) for your records. RATE CODE 315 TOTAL AMOUNT DUE: REMITTANCE ADDRESS Remit form(s) and payment to: Total all form(s) and issue one check payable to: **ADJUSTMENT** SHEET METAL WORKERS SHEET METAL WORKERS of NORTHERN (Note Reason) ATTN: CONTRIBUTION DEPT. CALIFORNIA PENSION TRUST FUND EMPLOYER 318225 TOTAL AMOUNT DUE: PO BOX 45312

Page 1 of 1

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If you have any questions, please call (925) 208-9994.

1684 96 1

(Check Amount)

Feb 18 08 10:30a

SAN FRANCISCO CA 94145-45312

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND FOR ADMINISTRATION USE ONLY REPORTING DATES **EMPLOYER NAME & ADDRESS** 104 0666 318225 Phone: 707/942-1166 Postmark Date: :#: For Work Performed During: 11/2007 lame: C R SCHELLENGER HVAC Deposit Date: 315 Rate Code: -OWNER/MEMBER 12/10/2007 Check Number: Contribution Due: 1030 MAIN STREET #211 Delinquent If Received After: 12/20/2007 ST HELENA CA 94574 **Check Amount:** Entered By: CONTRACT 30 LIGHT COMMERCIAL Agreement: 0666 NORTH BAY JOURNEYPERSON, FOREPERSON 2 OWNER MEMBER Job Class: 310 \sso.: 81 SMACNA All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. EMPLOYEE HOURS REPORTED RATE CODE 315 Total Hours Worked includes straight hours worked, overtime hours, and double time hours. otal Hours Worked Rate 142 MINIMUM TOTAL DOUBLE STRAIGHT Health .00 **HEALTH CARE** HOURS **HOURS** OVERTIME TIME SOC. SEC. NUMBER **EMPLOYEE NAME** HOURS WORKED SHC HOURS .44 (Last Name, First Name, Middle Initial) WORKED HOURS Nor Cal Pension 6.37( National Pension 2.02 198-42-9208 SCHELLENGER, ALEXANDER **Dues Check Off** 2.24 Appr Train 1.00 SMOHIT .02 Industry Prom .65 Supp Pen 1 1.30 Supp Pen 2 .00 4.20 Vacation (1) Total 18.24 **Overtime Hours Rate** Supp Pen 2 .000 Vacation 2.100 2.100 (2) Total Double Time Hours Rate Supp Pen 2 .00 Vacation 4.20 (3) 4.20 Total Minimum Health Care Hours Rate Health 8.68 (4) Total 8.68 **EMPLOYER** CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duty authorized by the above-named employer to sign and submit this report on behalf of such Employer. **TOTAL HOURS: MULTIPLY TOTAL** 4.20 (3) 8.68 (4) 2.100 (2) 18.24 (1) N/A Title **HOURS BY RATE:** Certifying Signature ☐ Check here if No Hours to report for Rate Code 315. AMOUNT DUE: Please retain a copy of the form(s) for your records. RATE CODE 315 TOTAL AMOUNT DUE: REMITTANCE ADDRESS Remit form(s) and payment to: Total all form(s) and issue one check payable to: **ADJUSTMENT** SHEET METAL WORKERS of NORTHERN SHEET METAL WORKERS (Note Reason) ATTN: CONTRIBUTION DEPT. CALIFORNIA PENSION TRUST FUND PO BOX 45312 **EMPLOYER 318225 TOTAL AMOUNT DUE: SAN FRANCISCO CA 94145-45312** (Check Amount)

# Case 3:08-cv-00306-BZ Document 16-4 Filed 07/08/2008 Page 3 of 9 SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

**EMPLOYER'S REPORT OF CONTRIBUTIONS** 

EMPLOYER NAME & A	DDRESS	REPO	RTING DATE	S	F	OR ADMIN	ISTRATION	USE ONLY
	707/942-1166	0666 Local:		104	P	ostmark Date:		
Name: C R SCHELLENG	ER HVAC		k Performed During:		/ <sub>D</sub>	eposit Date:		
Addr: -OWNER/MEMBER 1030 MAIN STR	FFT #711	Rate Coo	de: :(ion Due:	315 01/10/20		•		
ST HELENA CA			ent if Received After:		0.0			
CONTRACT					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Area: 0666 NORTH BA	Y Agreement	: 30 LIGHT CO	OMMERCIAL	· · · · · · · · · · · · · · · · · ·		ntered By:	· _ · · _ · · ·	
Asso.: 81 SMACNA	Job Class:		PERSON, FOR	EPERSON 2	2 OWNER	MEMBER		
	EMPLOYEE HO	URS REPORTED	All hours report	ed should be the	actual hours	worked and not	multiplied by .5, hours, and doubl	.5 or 2.
Total Hours Worked Rate Health OO			Total Flours Wo	STRAIGHT	aigin ilours n	DOUBLE T	TOTAL	142 MINIMUM
Health .00 SHC .44	SOC, SEC, NUMBER	EMPLOYEE NAME (Lest Name, First Name, Middle &	-16-11	HOURS WORKED	OVERTIME HOURS		HOURS WORKED	HEALTH CARE HOURS
Nor Cal Pension 6,37					HOONS	1100110		
National Pension 2.02  Dues Check Off 2.24	198-42-9208	SCHELLENGER,	LEXANDER	80			_80	142
Appr Train 1.00							ļ	
SMOHIT ,02 Industry Prom ,65							i	
Supp Pen 1 1.30	<u> </u>					<del> </del>		
Supp Pen 2 00 Vacation 4 20				<del> · · · </del>		<del> </del>		
Vacation <u>4.20</u> Total 18,24 (1)			1					
Overtime Hours Rate		1	· —	-				
Supp Pen 2 .000 Vacation 2.100							-	
Total 2.100 (2)					<del> </del>	-		
Double Time Hours Rate								
Supp Pen 2 .00 Vacation 4.20								
Total 4,20 (3)								
Minimum Health Care				1		+		
Hours Rate Health 8.68							<u></u>	
Total 8,68 (4)			i					
EMPLOYER								
CERTIFICATION								
The Employer certifies that the information herein is correct; that this recort covers all hours worked or paid					,			
during the period for which		·						
contributions are required under a written Contribution Agreement, such								
as written collective bargaining agreements with local unions of the							···	
Sheet Melal Workers International Association; and that all payments					<u> </u>			
reported herein are made in accordance with said Contribution	·							
Agreements and the applicable Trust Agreements. The undersigned agrees					1			
to be bound by all of the ferms of the applicable Trust Agreements.								
including specifically the provisions of each Trust Agreement describing		1						
t cuicated damages for delinquencies and other obligations of Employers.								
and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance								
with instructions issued by the	l.	·.					<del></del>	
Trustees thereof and any Joint Services Agreement entered into. The					<del> </del>			
undersigned certifies under penalty of perjury that he or she is duly authorized		<u> </u>					<u> </u>	
by the above-named employer to sign a	nd submit this report on behal	f of such Employer.	TOTAL HOURS:		<u> </u>			
Certifying Signature	Date T	itle	MULTIPLY TOTAL HOURS BY RATE:	N/A	2.100	(2) 4.20 (3)	18,24 (1)	8.58 (4)
Check here If No Hours to report	rt for Rate Code 315.		AMOUNT DUE:				1 3-11	少1.52.75
Please retain a copy of the form(s)			AND ON PURE				1701	שנטני
REMITTANCE ADDRE		m(s) and payment to:		F	RATE CODE 3	15 TOTAL AMO	טעואט:	
SHEET METAL WORKERS of NO	RTHERN SHEET N	NETAL WORKERS		ADJUSTMENT (Note Reason) _				
CALIFORNIA PENSION TRUST F	PO BOX			, , , , , , , , , , , , , , , , , , , ,	PLOYER 3192	25 TOTAL AMO	UNT DUE:	1.0.
	SAN FRA	ANCISCO CA 94145-45312					Amount)	491. He

Page 1 of 1

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If you have any questions, please call (925) 208-9994.

### SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUN

EMPLOYER NAME & A	ADDRESS		REPORTING DATE	S	F	OR ADMI	NISTRATIO	N USE ONLY
	707/942-1166	0666	Local:	104		stmark Date:	1 1	
Name: C R SCHELLENG			For Work Performed During:		. /			
Addr: -OWNER/MEMBER			Rate Code:	315		posit Date:		<del></del>
1030 MAIN STR			Contribution Due:	02/10/20		teck Number:		
ST HELENA CA	94574		Delinquent if Received After:	02/20/20	008 <sub>CI</sub>	neck Amount:		
CONTRACT			Y'			itered By:		
Area: 0666 NORTH BA	Y Agreement	: 30 LI	GHT COMMERCIAL					<del></del>
SMACNA SMACNA	Job Class:		JRNEYPERSON, FOR	EPERSON	2 OWNER	MEMBER		
RATE CODE 315	<b>EMPLOYEE HO</b>	<b>URS REPO</b>	RTED All hours report	ed should be the	actual hours	worked and no	of multiplied by .5	5, 1.5 or 2.
Total Hours Worked Rate			l otal Hours Wo		raight hours w		e hours, and dou	
Health 00 SHC 44	SOC. SEC. NUMBER	EMPLOYEE NA	ME	STRAIGHT HOURS	OVERTIME	DOUBLE	TOTAL HOURS	142 MINIMUM HEALTH CARE
Nor Cal Pension 6.37		(Last Name, First Na		WORKED	HOURS	HOURS	WORKED	HOURS
National Pension 2,02	198-42-9208	SCHELLEN	GER, ALEXANDER	80			50)	142
Dues Check Off 2.24				00	<del> </del>		00	1772
Appr Train 1,00 SMOHIT 02					1			
SMOHIT ,02 Industry Prom ,65								
Supp Pen 1 1,30		<u> </u>			<del> </del>			
Supp Pen 2 .00								
Vacation 4.20 Total 18.24 (1)								
Total 18.24 (1) Overtime Hours Rate					<u> </u>	ļ <u></u>	<u> </u>	
Supp Pen 2 _000								
Vacalion 2.100	,				1			
Total 2.100 (2)								
Double Time Hours Rate								
Supp Pen 2 .00								
Vacation <u>4.20</u> Total <u>4.20</u> (3)					<del></del>	ļ		
Minimum Health Care								
Hours Rate				· · · · · · · · ·	1			
Health <u>8.68</u>					_			
Total 8,68 (4)								
EMPLOYER								
CERTIFICATION					<u> </u>			
The Employer certifies that the nformation herein is correct; that this	1	]						
eport covers all hours worked or paid during the period for which								
contributions are required under a								
witten Contribution Agreement, such as written collective bargaining								
agreements with local unions of the Sheet Metal Workers International								
Association; and that all payments reported herein are made in			· ·		<u> </u>			
accordance with said Contribution								
Agreements and the applicable Trust Agreements. The undersigned agrees		]						
lo be bound by all of the terms of the applicable Trust Agreements,		1			+			
including specifically the provisions						· ·		
of each Trust Agreement describing iquidated damages for delinguencies								
and other obligations of Employers, and authorized the depository bank to								
transfer the moneys remitted herewith to the appropriate Trusts in accordance		•					j	
with instructions issued by the								
Trustees thereof and any Joint Services Agreement entered into. The		1			<del> </del>			
undersigned certifies under penalty of perjury that he or she is duly authorized							<u>'</u>	
by the above-named employer to sign an	nd submit this report on behalf	of such Employer.	TOTAL HOURS:					
			MULTIPLY TOTAL		1		<del> </del>	
Cadifician Claratura	n <sub>ate</sub> Ti	le	HOURS BY RATE:	N/A	2.100 (2	4.20 (3)		
ATTN Mich	1ael 315.		AMOUNT DUE:		1	-	1459.2	4122751
A. A.	————				1			11,606
	Pomition	n(s) and payment	to:	F	RATE CODE 31	5 TOTAL AMO	UNT DUE;	
s 2/19/07	SHEET M	its) and payment ETAL WORKERS		ADJUSTMENT			<u> </u>	
ATThi mich Com 5 2/10/07 415-34219	ATTN: CO	NTRIBUTION DE		(Note Reason)			—— <u> </u>	
1115-340.	PO BOX 4 SAN FRA	15312 NGISCO CA 9414	5-45312	EMP	PLOYER 31822	5 TOTAL AMO	UNT DUE: 7	1001.210
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If you have any questions, please call (925) 208-9994.

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# SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

•		EMPLOYER'S REP			ואס (בעו	P ADMINI	STRATION	USE ONLY
IPLOYER NAME & A	RTING DATES		FOR ADMINISTRATION USE ONLY					
	07/942-1166	0666 Local:	Performed During:	104 10/2007	,	_		
me: C R SCHELLENGE	R HVAC			10/200/	Depo	sit Date: _		<del></del>
dm 1030 MAIN STRE	ET #211	Rate Code Contribut		11/10/200	)7 Chec	k Number: _		
ST HELENA CA 9	94574	neupnited Teupnited	nt If Received After:	11/20/200	27 Cher	k Amount: _		
					<del></del>	red By:		
ONTRACT	<u></u>		TECHNITCEAN			ned Oj.		<del></del>
ea: 0666 NORTH BAY	Y Agreement:	70 SERVICE	TECHNICIAN	<b>)</b> .				
iso.: 81 SMACNA	Job Class:		TECHNICIAN		actual hours w	orked and not	multiplied by .5, 1	.5 or 2.
3 (	EMPLOYEE HO	URS REPORTED	Total Hours Wor	ked includes stra	ight hours wor	Red, Oreitmic	Sipple) disa area.	130 MINIMUM
stal Hours Worked Rate				STRAIGHT	OVERTIME	DOUBLE TIME	TOTAL HOURS	HEALTH CARE
Health .00 SHC .44	SOC. SEC. NUMBER	EMPLOYEE NAME (Last Name, First Name, Middle In	ittat)	HOURS WORKED	HOURS	HOURS	WORKED	HOURS
Nor Cal Pension 2.66				105 55	50		129	130
National Pension ,89	554-37-9387	GAUL, MICHAEL		126.50	150			
Dues Check Off 1.20 Appr Train 1.00	567-37-9770	MCBRIDE, SHAWN	ı	101.00	35	,	101.75	
SMOHIT .00	- 31 37.10			229.50	1.25		220074	234.75
Industry Prom .65				LL (1) 0	1.65		6300 TS	2,7411,7
Supp Pen 1 1.50			Ī					
Supp Pen 2 .00 Vecation 4.30		<u> </u>						
Total 12,64 (1)		1			<u> </u>			
Overtime Hours Rate			l		\]			
Supp Pen 2 .000								
Vacation 2.150 Total 2.150 (2)					<del></del>			
Total 2.150 (2) Double Time Hours Rate								
Supp Pen 2 .00								
Vacation 4.30					<del></del>			
Total 4.30 (3)						<u> </u>		
Minimum Health Care							}	]
Hours Rate Health 7.29						<del>                                     </del>		
Total 7.29 (4)				<u> </u>		ļ		<del>}</del>
EMPLOYER	] <del> </del>							
CERTIFICATION	J			<u> </u>				
The Employer certifies that the Information herein is correct, that this	į			)		<del>                                     </del>	<u> </u>	· <b> </b>
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written Contribution Agreement, such as written collective bargaining							<del> </del>	
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Agreements and the applicable Trust Agreements. The undersigned agrees				ł	_			
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Total all form(s) and issue one check payable to: Remit form(s) and payment to:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

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Remit form(s) and payment to: SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

If you have any questions, please call (925) 208-9994.

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MPLOYER NAME & ADDRESS REP				REPORT OF CONTRIBUTIONS EPORTING DATES				FOR ADMINISTRATION USE ONLY				
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326720 Phone: 707/942-1166 0666 E: C R SCHELLENGER HVAC		For Work Performed During:	10/2007~	/								
MAIN STRE	K HVAC ct #211		Rate Code:	301	nat	osit Date:						
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ertifying Signature Date Title  ] Check hose if No Hours to report for Rate Code 301.		AMOUNT DU		36.2	0 >	- 1,160	1, )44	, YS				
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If you have any questions, please call (925) 208-9994.

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ST HELENA CA 94574  CONTRACT  Trace 0666 NORTH BAY Agreement: 70 SERVICE	ik Performed During: ide: ution Due: lent if Received After: TECHNICIAN	144 12/10/20 12/20/20	07 Ch			
rea: 0666 NORTH BAY Agreement: 70 SERVICE sso.: 81 SMACNA Job Class: 600 SERVICE RATE CODE 144 EMPLOYEE HOURS REPORTED	TECHNICIAN	2	Επ	lered By:		
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		STRAIGHT	T	DOUBLE	TOTAL	130 MINIMUM
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Nor Cal Pension 2.66 National Pension 89 554-37-9387 GAUL, MICHAEL		56			<u>50</u>	50
Dues Check Off 1.20 Appr Train 1.00 567-37-9770   MCBRIDE, SHAW	'N	173			173	1+3_
SMOHIT .00 Industry Prom .65					229	229
Supp Pen 1 1.50 Supp Pen 2 .00						
Vacation 4,30 V Total 12.64 (1)			ļ			
Overtime Hours Rate						
Supp Pen 2 .000 Vacation 2.150						
Total 2.150 (2)				ı		
Double Time Hours Rate						
Supp Pen 2 .00 Vacation 4.30						
Total 4.30 (3)				1		
Minimum Health Care	<del></del>					
Health 7 29				<del> </del> -		
Total 7.29 (4)					<u> </u>	
EMPLOYER CERTIFICATION						
The Employer certifies that the information herein is correct, that this			<del> </del>	<u> </u>	<u> </u>	
report covers all hours worked or paid during the period for which						
contributions are required under a written Contribution Agreement, such					į	ļ
as written collective bargaining agreements with focal unions of the						,
Sheet Metal Worker's International Association; and that all payments		· · · · · · · · · · · · · · · · · · ·			<del></del>	
reported herein are made in accordance with said Contribution						
Agreements and the applicable Trust Agreements. The undersigned agrees						
to be bound by all of the terms of the applicable Trust Agreements		<del></del>				
including specifically the grovisions						
of each Trust Agreement describing ilquidated damages for definquencies and other obligations of Employers,						
and authorized the danascory bank in						
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Tructees thereof and any Joint Services						
Agreement entered into. The sunder single control of						
perjury that he or she is duly authorized by the above-named amployer to sign and submit this report on behalf of such Employer.	TOTAL HOURS:					
Certifying Signature Date Title	_ MULTIPLY TOTAL HOURS BY RATE:	b1/4	2.150	(2) 4.30	3) 12.64	(1) 7.29 14 Sp_1 (4)

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: Remit form(s) and payment to: SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND

Please retain a copy of the form(s) for your records.

SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

if you have any questions, please call (925) 208-9994.

Page 1 of 1

RATE CODE 144 TOTAL AMOUNT DUE:

## SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

**EMPLOYER'S REPORT OF CONTRIBUTIONS** 

EMPLOYER NAME & A	ADDRESS	R	EPORTING DATE	S	F	OR ADMIN	NISTRATION	USE ONLY
	707/942-1166		ical;	104	P	ostmark Date:		
Name: C R SCHELLENG			r Work Performed During:		D	eposit Date:		
Addr: 1030 MAIN STR' ST HELENA CA			ate Code: ontribution Due:	301 12/10/20		•		
SI MELENA CA	J7J77		inquent if Received After:		A 7			
CONTRACT	· <u>-</u>	· · · · · · · · · · · · · · · · · · ·			<del></del>		<del></del>	<del></del>
Area: 0666 NORTH BA	Y Agreement	. 20 1/6	SPECIALIST			ntered By:		<del></del>
Asso.: 81 SMACNA	Job Class:		SPECIALIST 2					
	EMPLOYEE HO		ED All hours report				t multiplied by .5, 1	
Total Hours Worked Rate			Total Hours Wo.	<del></del>	eight hours v		hours, and double	
Health .00 SHC .44	SOC. SEC. NUMBER	EMPLOYEE NAME (Cast Name, First Name,	Middle Initial)	STRAIGHT HOURS WORKED	OVERTIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED	130 MINIMUM HEALTH CARE HOURS
Nor Cal Pension 1.07 National Pension .58	545-49-1678	OLIVER JR		77			77	77
Dues Check Off 1.28 Appr Train 98								
Appr Train .98					· · · · · · · · · · · · · · · · · · ·			
Industry Prom _65								
Supp Pen 1 .50 Supp Pen 2 .00								
Vacation 1.75 V			·			+		
Total 7,25 (1)							· · · · · · · · · · · · · · · · · · ·	
Overtime Hours Rate Supp Pen 2							İ	
Supp Pen 2 ,000 Vacation ,875								
Total .875 (2)						<del> </del>		
Double Time Hours Rate		·						
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Total 1.75 (3)		1						
Minimum Health Care			· · · · · · · · · · · · · · · · · · ·		ļ			
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EMPLOYER CERTIFICATION				<del></del>				
The Employer certifies that the								
rformation herein is correct; that Ihis report covers all hours worked or paid								
during the period for which contributions are required under a								
written Contribution Agreement, such as written collective bargaining							İ	
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Association; and that all payments reported herein are made in					<u> </u>			
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including specifically the provisions of each must Agreement describing					-			
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and authorized the depository bank to transfer the moneys remitted herewith								
transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the		1						<del></del>
Trustees thereof and any Joint Services Agreement entered into. The								
undersigned certifies under penalty of perjury that he or she is duly authorized								
by the above-named employer to sign ar	nd submit this report on behalf	of such Employer.	TOTAL HOURS:					<del>~~·</del>
			MULTIPLY TOTAL		<del> </del>			
Certifying Signature  Chark born if No House to conor		tle .	HOURS BY RATE:	N/A	.875	<sup>2):</sup> 1.75 <sup>(3)</sup>	7.25 (1)	7.29 (4)
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SHEET METAL WORKERS of NO CALIFORNIA PENSION TRUST F		IETAL WORKERS ONTRIBUTION DEPT		(Note Reason)				
C. LEIN GERENGER BERGER (1904)	PO BOX			EMP	LOYER 3267	20 TOTAL AMO		9.58
	oan Fra	MC14 PE NO OUGIONIA	30 IE			(Check	Amount)	1.20
Page 1 of 1		If you have an	v questions, please o	ali (925) 208-9	994.		(	

t977 596 /0/

Filed 07/08/2008 Page 9 of 9 SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND **EMPLOYER'S REPORT OF CONTRIBUTIONS EMPLOYER NAME & ADDRESS** REPORTING DATES FOR ADMINISTRATION USE ONLY 326720 Phone: 707/942-1166 0666 104 Postmark Date: Name: C R SCHELLENGER HVAC For Work Performed During: 12/2007 L 1030 MAIN STREET #211 Deposit Date: Rate Code: 144 ST HELENA CA 94574 Contribution Due: 01/10/2008 Check Number: Delinquent If Received After: 01/20/2008 Check Amount: CONTRACT Entered By: Area: 0666 NORTH BAY Agraement: 70 SERVICE TECHNICIAN Asso.: 81 **SMACNA** Job Class: 600 SERVICE TECHNICIAN **RATE CODE 144** EMPLOYEE HOURS REPORTED All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. Total Hours Worked includes straight hours worked, overtime hours, and double time hours. **Total Hours Worked Rate** Health .00 STRAIGHT DOUBLE TOTAL 130 MINIMUM SOC. SEC. NUMBER **EMPLOYEE NAME** HOURS OVERTIME TIME **HEALTH CARE** SHC HOURS .44 (Last Name, First Name, Middle Initial) WORKED HOURS **HOURS** WORKED HOURS Nor Cal Pension 2.66 National Pension .89 554-37-9387 GAUL, MICHAEL Dues Check Off 1.20 Appr Train 1.00 567-37-9770 MCBRIDE, SHAWN 157.77 **SMOHIT** .00 Industry Prom .65 Supp Pen 1 1.50 Supp Pen 2 .00 Vacation 4.30 Total 12,64 Overtime Hours Rate Supp Pen 2 .000 Vacation 2.150 2.150 (2) Tota! Double Time Hours Rate Supp Pen 2 .00 Vacation <u>4.30</u> (7) Total 4.30 Minimum Health Care **Hours Rate** Health Total **EMPLOYER** CERTIFICATION he Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered Into. The undersigned certifies under penalty of undersigned certifies under penalty of pajury that ha or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.

REMITTANCE ADDRESS

**CALIFORNIA PENSION TRUST FUND** 

Total all form(s) and issue one check payable to: SHEET METAL WORKERS of NORTHERN

C.q

Check here if No Hours to report for Rate Code 144.

Please retain a copy of the form(s) for your records.

Date

Remit form(s) and payment to: SHEET METAL WORKERS

Title

ATTN: CONTRIBUTION DEPT. PO BOX 45312

SAN FRANCISCO CA 94145-45312

Page 1 of 1

Certifying Signature

If you have any questions, please call (925) 208-9994.

**TOTAL HOURS: MULTIPLY TOTAL** 

HOURS BY RATE:

AMOUNT DUE:

N/A

4.30 (3)

RATE CODE 144 TOTAL AMOUNT DUE:

2.150 (2)

12.64

943

7.29 (4)